



SCHOOL'S OUT PROGRAM APPLICATION SUMMER 2012

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

Site: (circle only one) Blackburn Howard Marion Franklin Thompson

Total # in family _____ Yearly Income \$ _____ (AGI – Adjusted Gross Income from Federal form 1040)

1. Child resides primarily with: _____ (circle one) Mother Father Guardian Both

2. Parent #1 Name: _____

Last _____

Address: _____

Number & Street

Home Phone (____) _____

Cell Phone (____) _____

First _____

City _____ State _____

Work Phone (____) _____

Email _____

MI _____

Zip _____

Ext. _____

3. Parent #2 Name: _____

Last _____

Address: _____

& Street

Home Phone (____) _____

Cell Phone (____) _____

First _____

City _____ State _____

Work Phone (____) _____

Email _____

MI _____

Zip _____

Ext. _____

4. Child 1 Name: _____

Last _____

Gender: (circle one) Male Female

Grade in Fall 2011: _____

Health Conditions (circle all that apply)

Asthma Diabetes Hyperactivity

Allergies: _____

Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

Check All That Apply: African American/Black _____

Native Hawaiian/Other Pacific Islander _____

First _____

Date of Birth: ____/____/____

Last School Attended: _____

Speech Impairment Hearing Impairment

Medications: _____

Other Illness: (explain) _____

MI _____

Age: _____

Vision Impaired

White _____ Asian _____ Alaskan Native _____

Amer. Indian _____

5. Child 2 Name: _____

Last _____

Gender: (circle one) Male Female

Grade in Fall 2011: _____

Health Conditions (circle all that apply)

Asthma Diabetes Hyperactivity

Allergies: _____

Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

Check All that Apply: African American/Black _____

Native Hawaiian/Other Pacific Islander _____

First _____

Date of Birth: ____/____/____

Last School Attended: _____

Speech Impairment Hearing Impairment

Medications: _____

Other Illness: (explain) _____

MI _____

Age: _____

Vision Impaired

White _____ Asian _____ Alaskan Native _____

Amer. Indian _____

6. Child 3 Name: _____

Last _____

Gender: (circle one) Male Female

Grade in Fall 2011: _____

Health Conditions (circle all that apply)

Asthma Diabetes Hyperactivity

Allergies: _____

Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

Check All that Apply: African American/Black _____

Native Hawaiian/Other Pacific Islander _____

First _____

Date of Birth: ____/____/____

Last School Attended: _____

Speech Impairment Hearing Impairment

Medications: _____

Other Illness: (explain) _____

MI _____

Age: _____

Vision Impaired

White _____ Asian _____ Alaskan Native _____

Amer. Indian _____

7. Child 4 Name:

 Last
 Gender: (circle one) Male Female
 Grade in Fall 2011: _____

Health Conditions (circle all that apply)
 Asthma Diabetes Hyperactivity
 Allergies: _____
 Hispanic/Latino _____ Non-Hispanic/Non-Latino _____
 Check All that Apply: African American/Black _____
 Native Hawaiian/Other Pacific Islander _____

 First
 Date of Birth: ____/____/____
 Last School Attended: _____

Speech Impairment Hearing Impairment
 Medications: _____
 Other Illness: (explain) _____

White _____ Asian _____ Alaskan native _____

 MI
 Age: _____
 Vision Impaired
 Amer. Indian _____

I have filled in the required above information, and guarantee that all information, to the best of my knowledge, is correct, concerning qualifications for this program. I understand and agree that my child can and will participate in all activities. I also understand that non-participation in any activity is grounds for immediate exclusion and/or dismissal from the program.

PARENT SIGNATURE

TODAY'S DATE

8. AUTHORIZED ESCORTS (other than parents)

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

9. EMERGENCY CONTACTS (other than parents)

Name	Home Phone	Cell Phone	Work Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

10. SCHOOL'S OUT EMERGENCY MEDICAL AUTHORIZATION
PLEASE COMPLETE

In the event that reasonable attempts to contact me or my child's 2nd and/or 3rd parent has been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician, and the transfer of my child to Nationwide Children's Hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date ____/____/____ Parent/Guardian Signature _____

11. SCHOOL'S OUT ACTIVITY RELEASE
(CHILDREN MUST PARTICIPATE IN ALL ACTIVITIES)

CHILD'S NAME _____ has my permission to participate in all field trips, activities and swimming lessons offered during the School's Out Day Camp Program. I also authorize the City of Columbus to take all the necessary steps to insure my child's health and safety in case of an emergency. Furthermore, I agree to hold the City of Columbus, the leaders, counselors and sponsors free and harmless from damage to property or injury sustained by participation that results from the operation of this program. I also hereby authorize the City of Columbus to use my child's name and photograph for educational and public relations purposes.

Date ____/____/____ Parent/Guardian Signature _____